

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

**REQUEST AND ORDER
FOR HEARING**

Name of Respondent/Defendant.

NOTICE: To ensure that the Consent Judgment is not entered, you must mail or hand-deliver a copy of this document to the Clerk of the Court, Collections Department, 201 West Jefferson, 1st Floor, Phoenix, Arizona 85003.

Check at least one of the following:

- ☐ I request a hearing on the denial of my supplemental application for waiver or further deferral.
☐ I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court.
I request a hearing on the calculation of the unpaid fees and/or costs.

Date: _____

Signature: _____

Print your name: _____

THE COURT COMPLETES THE FOLLOWING SECTION

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____ Hearing Time: _____

Hearing Location: _____

Hearing Officer: _____

Dated: _____

☐ Judicial Officer OR ☐ Special Commissioner

Mailed/hand-delivered to applicant on _____, by _____